HILL SEP 2 SIJ PART PLE NUMBER Registration District No. 20.9 Primery Registration District No. 35 A. Registration No. 35 A. Registration No. 35 A. Registration District No. 35 A. Registration			THE DIVISION OF HEAL		320	365	
Registrotion District No	ealth, Walfara	. FILED SEP 23 195/	_				
1. PLACE OF DEATH 2. USUAL RESIDENCE ("More deceased lived." in institution: Residence Selection on COUNTY Marion 3. COUNTY Marion 3. COUNTY Marion 6. COUNTY Marion 6. COUNTY Marion 7. COUNTY Marion 7. MANNE OF (If Not inhosphet), sive location) Languh oil stop in 1b 8. COUNTY Marion 8. COUNTY Marion 1. PLACE OF (IN NOT inhosphet), sive location) 1. RAMBE OF (IN NOT inhosphet) 1. RAMBE OF (IN NOT in	ublic	Registration District No	20 9 Prima	ry Registration District No. 2	3643 Registra	352	
300 1-56 1-56 1-56 1-56 1-56 1-56 1-56 1-56		. —	2			admission).	
1. C. CITY TOWN Hannibal Town Hawnibal Town Hawnibal Town Hannibal Town Hawnibal Town Hamnibal Town Hawnibal Town	200 D	Marion		o. State Missour	ib. COUNTY 'Ma	rion/	
TOWN Hamidal 1/2 Yes CR No D FILL NAME OF (IN NOT Inbespite), give location) Length of a tory in 1b NOSPITAL OR LEVERING DISCHARGE (IN NOT Inbespite), give location) NOSPITAL OR LEVERING DISCHARGE (IN NOT Inbespite), give location) NOSPITAL OR N	500				4.4	Inside Limits	
NOME OF BATH CHAPTER DOUBLE DIVERTING DOUBLE DIVERSION DOUBLE DIVERTING DOUBLE DIVERTING DOUBLE DIVERSION DOUBLE DIVERTING DOUBLE DIVERTING DOUBLE DIVERTING DIV	. •••	тоwн Hannibal .		TOWN Hanniba	il 647	Yes 💢 No 🗓	
Type of print PMMETT CLARK LATHAM CEATH CLARK CLARK Page 12 CLARK	≣ :	HOSPITAL OR		d. STREET ADDRESS 200 H	(If outside, give location)		
Type of print PMMETT CLARK LATHAM CEATH CLARK CLARK Page 12 CLARK	. g		Middle	Last		Day Year	
Male White Wide Divorced Jume 26, 1867 90 2 6 Male Min.		(Tune or print)	CLARK I	.ATH AM	I T'	r 7.1957	
10	- a to				9. AGE (In years IF UNDER I Y	EAR IF UNDER 24 HRS.	
10	= e σ	777777		June 26,1867	90 2 6		
15. WAS DECEASED EVER IN U. S. ARMED FORCESS 16. SOCIAL SECURITY NO. 17. IMPORMANT Address 17. IMPORMANT Address 18. Importance 18		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY 11.	BIRTHPLACE (City and state or	country) 2 12. CITIZEN C	OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCESS 16. SOCIAL SECURITY NO. 17. IMPORMANT Address 17. IMPORMANT Address 18. Importance 18	ال 18 18 ال	Retred		Reynolds County	Missouri US	A	
15. WAS DECEASED EVER IN U. S. ARMED FORCESS 16. SOCIAL SECURITY NO. 17. IMPORMANT Address 17. IMPORMANT Address 18. Importance 18	de al		14.		**** 1 1 Am		
NO NOTE NO NOTE PART I, DEATH (Enter only one cause per line for (a), (b), and (c).] PART I, DEATH (Enter only one cause per line for (a), (b), and (c).] PART I, DEATH (Enter only one cause per line for (a), (b), and (c).] PART I, DEATH (Enter only one cause per line for (a), (b), and (c).] PART I, DEATH (Enter only one cause per line for (a), (b), and (c).] Conditions, if any, which gave rise (a) above cause (a). So above cause (b). So above cause (a). So above cause (a). So above cause (a). So above cause (b). So above cause (a). So above cause (b). So above cause (b). So above cause (c). S	_0 0 0.		16 SOCIAL SECURITY NO. 17				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) Conditions, if any, which gare rise to above cause (3) DUE TO (b) Conditions, if any, which gare rise to above cause (3) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I	- -	(Yes, no, or unknown) (If yes, give war or dates of service)	10. SOCIAL SECURITY NO. 17.				
Conditions, if any, which gave rise to above cause (a). Conditions, if any, which gave rise to above cause (a). If a conditions, if any, which gave rise to above cause (a). If a conditions, if any, which gave rise to above cause (a). If a conditions, if any, which gave rise to above cause (a). If a conditions, if any, which gave rise to above cause (a). If a conditions, if any, which gave rise to above cause (a). If a conditions, if any, which gave rise to above cause (a). If a conditions, if any, which gave rise to above cause (a). If a conditions, if any, which gave rise to above cause (a). If a conditions, if any, which gave rise to above cause (a). If a conditions, if any, which gave rise to above cause (a). If a conditions, if any, which gave rise to above cause (a). If a conditions, if any, which gave rise to above cause (a). If a conditions, if any, which gave rise to above cause (a). If a conditions, if any, which gave rise to above cause (a). If a conditions, if any, which gave rise to above cause (a). If a condition (a), if any, and a condition (city, town, or county). If a condition (city, town, or	2 T 12		for (a), (b), and (c),1	E.O. Datollain Hain		NTERVAL RETWEEN	
Conditions, if any, which gate rise to about cause (a), stating the underlying cause last. DUE TO (b) Which gate rise to about cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF COUNTRY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF COUNTRY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF COUNTRY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED OF COUNTRY PART II. OTHER SIGNIFICANT CONDITIONS COUNTRY PART III. OTHER SIGNIFICANT CONDITIONS COUNTRY PART III. OTHER SIGNIF		PART I, DEATH WAS CAUSED BY:	a cost	Sa Board			
Conditions, if any, which gate rise to about cause (a), stating the underlying cause last. DUE TO (b) Which gate rise to about cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF COUNTRY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF COUNTRY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF COUNTRY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED OF COUNTRY PART II. OTHER SIGNIFICANT CONDITIONS COUNTRY PART III. OTHER SIGNIFICANT CONDITIONS COUNTRY PART III. OTHER SIGNIF	anno anno TYF		2 12 January	1 / CCCCA	/	- reserve	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? 15. 00 15.	t v X	Conditions, if any. Due TO (b)	anterios	diesoris			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? 15. 00 15.	Jenel	stating the under-					
20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. Time of Hour Month, Day, Year INJURY a. m. 20d. INJURY occurred WHILE AT NOT WHILE		2	G TO DEATH-BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	GIVEN IN PART I(a)	, WAS AUTOPSY	
20c. TIME OF Hour Month, Day, Year INJURY a. m. p. m. 20d. INJURY OCCURRED Jarm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED Jarm, factory, street, office bldg., etc.) 21. I attended the deceased from Death occurred at 8:35 P. m on the date stated above; and to the best of my knowledge, from the causes etaed. 22a. SIGNATURE 22a. SIGNATURE 22a. SIGNATURE 22b. DATE SIGNED 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 23d. LOCATION (City, town, or county) 23d. LOCATION (City, town, or county) 23d. Function of the date stated above; and to the best of my knowledge. It is signed by the stated above; and to the best of my knowledge. It is signed by the stated above; and to the best of my knowledge. It is signed by the stated above; and to the best of my knowledge. It is signed by the stated above; and to the best of my knowledge. It is signed by the stated above; and to the best of my knowledge. It is signed by the stated above; and to the best of my knowledge. It is signed by the stated above; and to the best of my knowledge. It is signed by the stated above; and to the best of my knowledge. It is signed by the stated above; and to the best of my knowledge. It is signed by the stated above; and to the best of my knowledge. It is signed by the stated above; and to the best of my knowledge. It is signed by the stated above; and to the best of my knowledge. It is signed by the stated above; and to the best of my knowledge. It is signed by the stated above; and to the best of my knowledge. It is signed by the stated above; and to the best of my knowledge. It is signed by the stated above; and to the best of my knowledge. It is signed by the stated above; and to the best of my knowledge. It is signed by the stated above; and to the best of my knowledge. It is signed by the sig	ard Ted. K O	THE STATE OF THE S			اسمنغار	PERFORMED?	
20c. TIME OF Hour Month, Day, Year INJURY a. m. p. m. 20d. INJURY OCCURRED WHILE AT MOT WHILE AT WORK AT WORK AT WORK 21. I attended the deceased from County State of Month		20a. ACCIDENT SUICIDE HOMICIDE 206. DESC	RIBE HOW INJURY OCCURRED.	(Enter nature of injury in Po	, –	FES LI NO LI	
20c. TIME OF Hour Month, Day, Year INJURY a. m. p. m. 20d. INJURY OCCURRED WHILE AT MOT WHILE AT WORK AT WORK AT WORK 21. I attended the deceased from County State of Month	y st			, , ,			
p. m. 20d. INJURY OCCURRED WHILE AT NOT WHILE 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21. I attended the deceased from 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21. I attended the deceased from 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21. I attended the deceased from 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 22. I attended the deceased from 20e. PLACE OF INJURY (e. g., in or about home, farm, or county) 22. I attended the deceased from 20e. PLACE OF INJURY (e. g., in or about home, farm, or county) 22. I attended the deceased from 20e. PLACE OF INJURY (e. g., in or about home, farm, or county) 22. I attended the deceased from 20e. PLACE OF INJURY (e. g., in or about home, farm, or county) 22. I attended the deceased from 20e. PLACE OF INJURY (e. g., in or about home, farm, or county) 22. I attended the deceased from 20e. PLACE OF INJURY (e. g., in or about home, farm, or county) 22. I attended the deceased from 20e. PLACE OF INJURY (e. g., in or about home, farm, or county) 22. I attended the deceased from 20e. PLACE OF INJURY (e. g., in or about home, farm, or county) 22. I attended the deceased from 20e. PLACE OF INJURY (e. g., in or about home, farm, or county) 22. I attended the deceased from 20e. PLACE OF INJURY (e. g., in or about home, farm, or about home,		20c. TIME OF Hour Month, Day, Year					
WHILE AT NOT WHILE farm, factory, street, office bidg., etc.) 21. I attended the deceased from	, se co esi	p. m.			•		
21. I attended the deceased from 6 7, to 9 7 and last saw him alive on 9 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	at a l	WHILE AT NOT WHILE Jarm. Jactory, street, office bldg., etc.)					
Death occurred at 8:35 P. mon the date stated above; and to the best of my knowledge, from the causes stated. 22a. SIGNATURE Carrier Country 22b. ADDRESS Carrier Country 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22d. LOCATION (City, town, or country) RELOVAL (Specify) Burial 9/10/57 Grand View Burial Park Hannibal Missouri 24 Fundal Director, ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	- π - Ω	21. I attended the deceased from	26-57.10	9 - 7- 1-7 and 1	nat saw ber alive on	9957	
23a. Burial. CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) BUT 181- 9/10/57 Grand View Burial Park Hannibal Missouri 24 FUNCAL DIRECTOR, ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	art.	0.25 1					
23a. Burial, Cremation, 23b. Date 23c. Mame of Cemetery of Crematory 23d. Location (City, town, or county) (State) Removal (Specify) Burisi 9/10/57 Grand View Burial Park Hannibal Missouri 24 Fundal Director, Address 25. Date Recd. By Local Reg. 26. Registrar's Signature	7 or	ZZa. SIGNATURE . (Degreepotytitle) . (Degreepotytle) . (Degreepotytitle) . (Degreepotytle)					
REMOVAL (Specify) Burisl- 9/10/57 Grand View Burial Park Hannibal Missouri 24 Fundal Director, Address 25. Date RECD. By LOCAL REG. 26. REGISTRAR'S SIGNATURE	9 1	an klock	1. a/h//	- Haca	neva Me	9-18-52	
24 FUNCAL DIRECTOR, ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	1 tor.		NAME OF CEMETERY OR CREM	(ATORY / 23d. LOCAT	TION (City, town, or county)	(State)	
	dis dis	Burisl- /9/10/57			ibal Missouri	<u> </u>	
i - o Victor randital missouri 17-14-3 / Niv. 7 m Jacoba 114-7-14-11	7-0	Molaw for mull Hannibal Mi		FECD. BY LOCAL REG. 126.	Em Lucka 11	retaken.	
(Licensed Embalmer's Statement on Reverse Side)		/ (Licens	ed Embalmer's Statement	on Reverse Side)			
				•			

RECEIVED MÁRION CO, HEALTH DEPT. DATE FILED SEP 1 9 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name i	s recorded on the revers	e side of this certificate was er
·by me, or by		, Student Embalmer No

working under my personal supervision..

Signature of Student Embalmer

Licensed Embalmer No....381 P. O. Address Hannibal Mi.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.